DOCUMENT RESUME

ED 425 894 RC 021 769

AUTHOR	MacPhee, David; Fritz, Janet J.; Schubert, Marcia Ohmert
TITLE	Ethnic Variations in Use of Community Programs.
SPONS AGENCY	Substance Abuse and Mental Health Services Administration (DHHS/PHS), Rockville, MD. Center for Substance Abuse Prevention.
PUB DATE	1998-08-00
NOTE	11p.; Paper presented at the Annual Convention of the American Psychological Association (106th, San Francisco, CA, August 14-18, 1998).
PUB TYPE	Reports - Research (143) -- Speeches/Meeting Papers (150)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	*American Indians; *Anglo Americans; Client Characteristics (Human Services); *Community Services; *Hispanic Americans; Income; Minority Groups; Public Agencies; Self Efficacy; Use Studies
IDENTIFIERS	*Service Utilization; *User Characteristics

ABSTRACT

Minority families are less likely than Anglos to seek services from community agencies. Two studies were conducted with 178 Hispanic, 309 American Indian (Ute and Navajo), and 363 Anglo parents using the Social Network Questionnaire, Self-Perceptions of the Parental Role scale, checklists of community resources, and the Marin acculturation measure. In Study 1, low-income Mexican American, American Indian, and Anglo parents reported their use of community programs as well as personality and network characteristics. Study 2 included measures of acculturation and substance use. Anglo parents were more likely to use community services, even controlling for income. Self-efficacy explained ethnic and income variations in formal support in both studies. Study 1 parents with interconnected social networks also sought help less often. Focus groups with minority parents revealed that geographic distance from services and socialization patterns, particularly self-reliance and reticence, also contributed to ethnic differences. Data indicate that motivations and alternative resources explain ethnic differences in help seeking. (SAS)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 425 894

Ethnic Variations in Use of Community Programs

David MacPhee

Janet J. Fritz

Marcia Ohmert Schubert

Colorado State University

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

David MacPhee

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

BEST COPY AVAILABLE

This research was funded by a High-Risk Youth grant from the Center for Substance Abuse Prevention and by a Head Start/University Partnership grant. Portions of Study 1 were completed by Marcia (Ohmert) Schubert as part of her M.S. degree from Colorado State University. Address correspondence to David MacPhee, Department of Human Development and Family Studies, Colorado State University, Fort Collins, CO 80523 (e-mail: macphee@cahs.colostate.edu).

RC 021769

ABSTRACT

Minority families are less likely than Anglos to seek services from community agencies, but the reasons for this are poorly understood. In Study 1, low-income Mexican-American, American Indian, and Anglo parents reported their use of various community programs as well as personality and network characteristics. Using a similar sample, Study 2 included measures of acculturation and substance use. Anglo parents were more likely to use community services, even controlling for income. Self-efficacy explained ethnic and income variations in formal support in both studies; Study 1 parents with interconnected social networks also sought help less often. Focus groups with minority parents revealed that geographic distance from services and socialization patterns, particularly self-reliance and reticence, also contribute to these ethnic differences. These data indicate that motivations and alternative resources explain ethnic differences in help seeking.

BACKGROUND

Minority families less often avail themselves of community-based programs even though they are more likely to live in poverty and to need mental health services (Golding & Wells, 1990). One explanation for this disparity is that community programs may be less accessible to minority families because of language barriers, inconvenient hours, cost, or staff prejudice (Schorr, 1989). Also, informal networks often are the primary source of support for many families (Keefe et al., 1979). In collectivistic cultures such as Mexican American and American Indian groups, a preference for family help may be especially strong.

Personal attributes also may play a role in the use of community services. For example, individuals who have an internal locus of control may be less likely to seek help, but they may also derive more benefit from the assistance they receive (Sandler & Lakey, 1982). As well, people with strong efficacy beliefs may be more self-reliant when faced with problems, and are more likely to persist in solving them.

We could find very little research on American Indians' use of community services. Research suggests that they, like Hispanic families, face barriers to access and prefer assistance from kinship networks. We therefore postulated that both groups have more close-knit social networks as well as receive more support from them; such differences would partly explain variations in use of community services. We also hypothesized that parents who believe themselves to be competent also may be more self-reliant, and so are less likely to turn to community services for help with family and mental health issues.

SAMPLE

The data are from three intervention projects that were designed to increase resiliency factors in high-risk parents of preschool children. In the projects funded by OSAP (Study 1), later CSAP (Study 2), parents were referred to DARE to be You by community agencies (e.g., health, mental health, social services, housing, Head Start, physicians) as well as by word of mouth. In the third project, 66% of the families were enrolled in Head Start, with the remainder being recruited from other preschool programs, community agencies, and by advertisement. Approximately 10% of the participants were low risk. The current studies use only the pretest data, before the intervention began.

STUDY 1 (OSAP)

- ★ 120 Hispanic, 136 American Indian (Ute), and 248 Anglo parents
- ★ The typical parent worked as an unskilled laborer or service worker, the median family income was $14,000 per year, and 49% received some form of welfare. Anglo parents were significantly higher on measures of social class.
- ★ Parent education = 12 years; parent age = 28 years; 60% married
- ★ Most of the families lived in rural areas and small towns, although 20.4% of the sample lived in an urban area of 225,000 people

STUDY 2 (CSAP + Head Start)

- ★ 58 Hispanic, 173 Navajo, and 115 Anglo parents
- ★ Demographics were similar to Study 1, although family income was higher ($19,000) and welfare receipt was lower.
- ★ The families lived in a rural county of 17,000 people in the Four Corners area, four small Navajo communities, and a city of 100,000 people

MEASURES

Social Network Questionnaire

☒ The SNQ (Antonucci, 1986) is a hierarchical social map that measures (a) network size, (b) felt closeness to network members, (c) the functions they provide (e.g., babysitting, loans, respect), (d) frequency of contact, (e) satisfaction with support, and (f) density, or how interconnected the network is.

Parent Self-Efficacy & Locus of Control

☒ The Self-Perceptions of the Parental Role scale (MacPhee, Benson, & Bullock, 1986) measures feelings of competence or self-efficacy as a parent, and satisfaction with the parental role. Levenson's (1974) I, P, and C scale assesses internal locus of control, and belief that either powerful others or chance control outcomes.

Use of Community Resources

☒ Study 1: a 7-item checklist that asked parents if in the previous 6 months they had used services such as parenting workshops, employment agencies, family therapy, or Alcoholics Anonymous. Because of a skewed distribution, the sample was dichotomized into those who had used versus not used services.

☒ Study 2: The Study 1 measure was revised to (a) increase the resources listed, (b) measure frequency of use, and (c) assess barriers. Parents who reported more drug problems more often attended substance abuse programs (convergent validity).

Acculturation

☒ A 12-item measure developed by Marín et al. (1987). High scores indicate more exclusive use of English and stronger preference for nonHispanic White friends. In the present sample, Navajo parents < Hispanic parents < Anglo parents.

STUDY 1 RESULTS

★ Minority parents were less likely to use formal community resources, $\chi^2(2) = 6.95$, $p = .03$: 45% had used at least one service compared to 57% for Anglo parents (see Table 1).

★ Income is strongly related to how many formal services are used, $F(5,399)=7.85$, $p<.0001$ (see Figure 1), with a .66 SD (Hispanic) to .88 SD (Anglo) difference between the extremes. At every income level Anglos were more likely than minority parents to use formal resources, $F(2,399) = 5.03$, $p < .0001$. However, the wealthiest American Indian parents in this sample ($n = 9$) were the most likely to seek help from formal sources, probably because they were significantly less satisfied with their personal social networks ($t(83) = 2.06$, $p = .04$).

★ We expected that rural residents would have less access to community services. However, there were no site differences in overall use of formal resources, including mental health professionals. Also, parents in the rural and urban sites were equally likely (6.4%) to say, in post-workshop evaluations, that proximity and scheduling were among the aspects of the intervention that they would modify.

★ Parents were less often sought community services when their networks were more dense, $F(1,392) = 6.44$, $p = .012$, and when they were more satisfied with the support they received, $F(1,392) = 6.52$, $p = .011$. Variations in emotional and instrumental support were unrelated to use of community resources.

★ Those who felt more competent as parents were less likely to seek out community resources, $F(1,448) = 8.64$, $p = .003$. Locus of control was unrelated to use of formal supports.

★ In a logistic regression, income, self-efficacy, and network density were significant ($p < .01$); for ethnicity, $p = .073$.

STUDY 2 RESULTS

★ Data in Table 2 show that the ethnic groups were similar in their need for many types of resources but when they did use these community services, Anglos did so more often. The disparity in contact with agencies was evident in mental health services but not in receipt of aid from welfare or employment services

★ As in Study 1, family income had much to do with whether one sought help from community resources other than mental health services. Regardless of ethnicity, those who went to employment and welfare agencies had lower incomes than those who did not access such services, $F(1,297) = 10.68$, $p < .0001$.

★ Acculturation was generally uncorrelated with need for or use of services for the three ethnic groups. In contrast to Study 1, none of the social network variables were related to use of community services. However, self-efficacy was related to both the need for services as well as to how often parents availed themselves of financial help (see Table 2). Large ethnic differences were evident in use of mental health services, even after controlling for acculturation, income, and marital status.

★ Reported barriers: The three ethnic groups were equally likely to mention major barriers to access: ineligible because they made too much money or lacked job experience (49%), not enough time to get help (19%), or needed services were not available (14%). In focus groups, Navajo parents said that reluctance to talk about personal problems is a common barrier, often because they believe they will be judged. Also, self-sufficiency is a cultural value. Various barriers to access were noted: (a) having to travel long distances over poor roads, (b) lack of community awareness about available resources, (c) existing services that are not seen as helpful, and (d) regulations that are burdensome and an impediment. Finally, there was consensus that family members and spiritual leaders were preferred sources of support and advice.

IMPLICATIONS

- Anglo parents more often sought out community services, even when they made the same amount of money or expressed the same need for help as Hispanic and American Indian parents. This result is consistent with much previous research on ethnic differences in use of formal support systems. This pattern may well reflect an emphasis among these minority parents on familism and seeking help from kin and friends. Hispanic adults more often state that family should be the primary resource for dealing with problems (Vega, 1990). Thus, if seeking help from community agencies has not been sanctioned in prior generations, it is likely that a stigma still exists in the current generation.

- Minority status itself may play a role in underutilization of formal services. Members of such groups may receive unspoken as well as overt messages from the dominant culture suggesting that minority groups should not claim equal social benefits, including possible opportunities through formal supports (Gurin, Gurin & Morrison, 1978).

- Income was the most important variable related to use of formal community resources, although the results of Study 2 suggest that this effect is limited to use of employment services and welfare. This result reinforces the importance of disentangling SES from ethnicity.

- Personal agency (self-efficacy) was an important variable across both studies and ethnic groups. Bandura notes that, "A low sense of efficacy fosters dependence on proxy control, which further reduces opportunities to build the skills needed for efficacious action" (p. 17). Parents who feel more competent likely believe that they can handle their own problems, and so perceive less need for community resources.

Table 1: Use of Community Services, by Ethnicity

Type of Service	American Indian	Hispanic	Anglo	Group Difference
		Study 1		
Employment Agency	13.0%	4.8%	6.8%	6.72*
Financial Assistance	13.8%	11.4%	19.0%	n.s.
Parenting Classes	19.5%	19.0%	28.3%	n.s.
Therapy	9.8%	9.5%	21.1%	11.64**
Tx for Substance Use	2.5%	1.0%	5.9%	n.s.
Alcoholics Anonymous	3.3%	2.9%	4.2%	n.s.
		Study 2		
# Services Needed	1.72_b (1.70)	2.12 (2.04)	2.43_a (1.73)	$F(2,308) = 5.11^{**}$
Employment Agency	20.7% [1.61]	21.1% [1.27]	23.9% [.96]	n.s. [n.s.]
Financial Assistance	31.7% [1.40]	49.1% [1.30]	49.6% [1.04]	10.84** [n.s.]
Parenting Classes	28.7% [1.26]	36.8% [$.90_b$]	46.0% [1.50_a]	8.78* [3.11*]
Therapy	14.0% [1.48_b]	24.6% [1.57]	34.5% [2.18_a]	16.11** [3.69*]
Tx for Substance Use	6.7% [1.00_b]	7.0% [1.00_b]	2.7% [2.33_a]	n.s. [3.85*]
Alcoholics Anonymous	6.7% [1.33]	5.3% [2.00]	3.5% [3.00]	n.s. [n.s.]
Support Group	9.8% [1.13_b]	17.5% [1.50]	19.5% [2.14_a]	n.s. [3.41*]
Religious Leader	20.1% [1.47]	22.8% [$.85_b$]	24.8% [1.63_a]	n.s. [4.00*]
Teacher	25.6% [1.12_b]	28.1% [1.19]	33.6% [1.69_a]	n.s. [5.64**]

Note. In Study 1, values indicate percentage of parents who used the service. In Study 2, values indicate the percentage of parents who felt the need for the resource and [in brackets, how often the service was used by those who accessed it]. * $p < .05$ ** $p < .01$

Table 2: Predictors of Support Satisfaction and Community Agency Use

	Support Satisfaction		Need for Service		Means Tested Services		Mental Health Services	
Step & Predictor	β	R_{Δ}^2	β	R_{Δ}^2	β	R_{Δ}^2	β	R_{Δ}^2
1. Acculturation	.11	.086**	-.03	.003	.14	.093**	.10	.048
Family Income	.24**		.04		-.31**		.08	
Marital Status	-.14		-.05		.04		-.17	
2. Ethnicity	-.18*	.023*	.10	.010	-.21*	.032*	-.45***	.132***
3. Support Satisfaction	----		.06	.004	.06	.004	.05	.002
4. Self-Efficacy	.07	.058*	-.25**	.054*	.21*	.030	.17	.027
Parent Satisfaction	.10		.01		-.09		-.13	
Powerful Others	-.20**		.01		.01		-.04	
R^2 =		.167***		.071*		.159**		.209***

Note. Ethnicity was coded as 0 (nonHispanic White) or 1 (minority); for marital status, 0 = single and 1 = married or cohabiting. df = 7,315 for Support Satisfaction; 8,314 for Need for Service; 8,156 for use of Means Tested Services; and 8,188 for Mental Health Services.

* $p < .05$ ** $p < .01$ *** $p < .005$